



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

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1. Entity ID Number 541532		2. Exact name of the Corporation RESPECT (Reaching Everyone so People enact change together)			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island conduct workshops in schools			
5. Principal Office Address 15 Gilcrest Dr		City W. Warwick	State RI	Zip 02893	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Don Miller		Vice-President Name Kelly Harrington			
Street Address 22 Claremont St		Street Address 121 Post Rd			
City Lincoln	State RI	Zip 02865	City Warwick	State RI	Zip 02888
Secretary Name		Treasurer Name Michele Landrie			
Street Address		Street Address 15 Gilcrest Dr			
City	State	Zip	City W. Warwick	State RI	Zip 02893
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Courtney Desousa		Director Name Michael Lobdell			
Street Address 41 Sherwood St		Street Address 670 Chestnut Hill Rd			
City Cranston	State RI	Zip 02920	City Wakefield	State RI	Zip 02879
Director Name Richard Marse		Director Name			
Street Address 41 Crossland Rd		Street Address			
City W. Warwick	State RI	Zip 02893	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Michele Landrie				Date 3/24/17	
Signature of Officer/Authorized Representative <i>Michele Landrie</i>				SIGN DOCUMENT HERE	

FILED 0040

MAR 27 2017

BY le 299296

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov